2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P07000033384

Entity Name: DASILVA INSURANCE AGENCY.INC.

Current Principal Place of Business:

2014 SE PORT ST. LUCIE BLVD.
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

1562 SE VILLAGE GREEN DR
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

265 SW PORT ST. LUCIE BLVD.
357
PORT SAINT LUCIE, FL 34984

New Mailing Address:

265 SW PORT ST. LUCIE BLVD.
#357
PORT SAINT LUCIE, FL 34984

FEI Number: 20-8630866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRONCOSO, LEILA M
442 SW NABBLE AVE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TRONCOSO, LEILA M
Address: 442 SW NABBLE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VP ( ) Delete
Name: TRONCOSO, LIBER A
Address: 442 SW NABBLE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: S ( ) Delete
Name: TRONCOSO, RENATA A
Address: 442 SW NABBLE AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEILA TRONCOSO P 04/13/2009

Electronic Signature of Signing Officer or Director Date